03/20/2009 16:16

Image# 29933378275

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2009 02 28 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 03 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Massachusetts Republican State Congressional Committee [®] D ^b D 0 2 0.2 28 0 1 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 25389.18 2009 January 1 (b) Cash on Hand at 68177.77 Begining of Reporting Period 40237.40 132536.40 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 108415.17 157925.58 6(a) and 6(c) for Column B) 54922.08 104432.49 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 53493.09 53493.09 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 2^D8 м м 0 2 0 2 M 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 111430.00 31700.00 (i) Itemized (use Schedule A) 7392.00 19961.00 (ii) Unitemized (iii) TOTAL (add 39092.00 131391.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 39092.00 131391.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1145.40 1145.40 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 40237.40 132536.40 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 40237.40 132536.40 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 54922.08 104432.49 Expenditures..... (c) Total Operating Expenditures 54922.08 104432.49 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 54922.08 104432.49 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

54922.08

104432.49

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	39092.00	131391.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	39092.00	131391.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54922.08	104432.49
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1145.40	1145.40
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	53776.68	103287.09

FE6AN026

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Con-	e name and ad	dress of any political committee to	os solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Linda Allen Mailing Address 103 Central St. City Byfield FEC ID number of contributing federal political committee. Name of Employer Security Team Receipt For: Primary General Other (specify)	State MA C Occupation Owner Aggregate	Zip Code 01922 on e Year-to-Date ▼	Date of Receipt M
Б.	Full Name (Last, First, Middle Initial) Charles Baker Mailing Address 49 Monument Ave City Swampscott FEC ID number of contributing federal political committee. Name of Employer Harvard Pilgrim Health Care Receipt For: Primary General Other (specify)	State MA C Occupation CEO Aggregate	Zip Code 01907 on e Year-to-Date ▼ 5000.00	Date of Receipt M M M
_ C.	Full Name (Last, First, Middle Initial) Henry Ciborowski Mailing Address 16 Beechmont Street City Worcester FEC ID number of contributing federal political committee. Name of Employer Ciborowski Insurance Agency Receipt For: Primary General Other (specify)	State MA C Occupation Owner Aggregate	Zip Code 01609	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional)			6500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Commercial Purposes (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to agressional Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Gannett Mailing Address 144 Freedom St. City Hopedale FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01747 C Occupation Retired Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles Gibson Mailing Address 61 Old Colony Rd. City Wellesley FEC ID number of contributing federal political committee. Name of Employer Deland, gibson Ins. Receipt For: Primary General Other (specify)	State Zip Code MA 02481 C Occupation Insurance Aggregate Year-to-Date 200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alice Hardigg Mailing Address 36 Baptist Hill Rd. City Conway FEC ID number of contributing federal political committee. Name of Employer Hardigg Industries, Inc. Receipt For: Primary General Other (specify)	State Zip Code MA 01341 C Occupation Publications Editor Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		2200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Conc	gressional C	ommittee	
	Full Name (Last, First, Middle Initial) Miles Herter			Date of Receipt
•	Mailing Address 12 Boardman Ave.			0 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 90213.C172527
	Manchester	MA	01944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	39.73	250.00	
	Full Name (Last, First, Middle Initial) Amory Houghton, Jr.			Date of Receipt
	Mailing Address 80 East Market Street Suite 300			02 12 2009
	City	State	Zip Code	Transaction ID: 90213.C172598
	Corning	NY	14830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Amy Kelly			Date of Receipt
	Mailing Address 157 Rice Road			02 26 26 2009
	City	State	Zip Code	Transaction ID: 90317.C172950
	Quincy	MA	02170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Self Employed	Occupation Informati	n ion Requested	In-Kind
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	In kind donation of photo- graphy services - party-r- elated
	SUBTOTAL of Receipts This Page (optional)	l		1050.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 31 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional C	ommittee	
۸.	Full Name (Last, First, Middle Initial) Caleb Loring Mailing Address 567 Hale Street			Date of Receipt
	Mailing Address 567 Hale Street Box 235			02 26 2009
	City	State	Zip Code	Transaction ID: 90317.C172719
	Prides Crossing FEC ID number of contributing	C	01965	Amount of Each Receipt this Period 1000.00
	federal political committee.			
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Albert Merck			Date of Receipt
	Mailing Address 1010 Waltham St F-19			02 27 2009
	City	State	Zip Code	Transaction ID: 90317.C172724
	Lexington FEC ID number of contributing	MA	02421-8048	Amount of Each Receipt this Period
	federal political committee.	C		15000.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		15000.00	
_	Full Name (Last, First, Middle Initial) Lovett Peters			Date of Receipt
	Mailing Address 81 Old Orchard Rd.			02 12 2009
	City	State	Zip Code	Transaction ID: 90213.C172597
	Newton	MA	02467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Pioneer Institute	Occupatio Executive		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		17500.00

ITEMIZED F	A (FEC Form 3X RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/31 (check only one) X
Any information co	pied from such Reports and	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COI	MMITTEE (In Full) tts Republican State Co		• •	
Full Name (Las Arthur Ryan	t, First, Middle Initial)			Date of Receipt
Mailing Addres	119 Mt. Pleasant Av	e.		0 2 2 6 2 0 0 9
City		State	Zip Code	Transaction ID: 90317.C172721
<u>Gloucester</u>		MA	01930	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		1000.00
Name of Emplo Retired	yer	Occupation Retired	n	Receipt
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Las Lee Sprague	t, First, Middle Initial)	.		Date of Receipt
Mailing Addres	s 89 Mount Vernon St			02 12 7 9 9
City		State	Zip Code	Transaction ID: 90213.C172600
Boston		MA	02108	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		1500.00 Receipt
Name of Employed	yer	Occupation Real Esta	n ate Mngr/Dir	neceipt
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (sp	☐ General ecify) ▼		1500.00	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Addres	65 Asbury St.			02 12 2009
City		State	Zip Code	Transaction ID: 90213.C172599
<u>Topsfield</u>		MA	01983	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		1000.00
Name of Emplo Retired	yer	Occupation Retired	n	Receipt
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (sp	☐ General ecify) ▼		1000.00	
SUBTOTAL of R				3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Stratton Mailing Address 166 Ide Road City Williamstown FEC ID number of contributing federal political committee. Name of Employer DFC Receipt For: Primary General Other (specify)	State Zip Code MA 01267 C Occupation Executive Aggregate Year-to-Date ▼ 200.00	Date of Receipt M M D D Z 7 Z 0 0 9
Full Name (Last, First, Middle Initial) Barbara A. Syer Mailing Address P.O. Box 608 Great Barrington City Great Barrington FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01230-0608 C Occupation Retired Aggregate Year-to-Date 200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Wulff Mailing Address 27 Gray St City Boston FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MA 02116 C Occupation Retired Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12/31 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Date of Receipt George Young Mailing Address 235 Walker St. Apt 252 02 27 2009 City State Zip Code Transaction ID: 90317.C172722 <u>Leno</u>x MA 01240 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Receipt Name of Employer Retired Occupation Retired Receipt For: Aggregate Year-to-Date Primary General 700.00 Other (specify)

		200.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	200.00
TOTAL This Period (last page this line number only)	•	31700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 31 (check only one) 11a 11b 11c 12 13 14 X 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	ongressional Committee						
Full Name (Last, First, Middle Initial) Kristine Willington		Date of Receipt					
Mailing Address 12 Arlington Street		02 24 2009					
City	State Zip Code	Transaction ID: 90317.C172718					
Reading	MA 01867-	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1145.40					
Name of Employer None	Occupation At Home (Housewife)	Offsets to Operating Expenditu					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.40						

SUBTOTAL of Receipts This Page (optional)	•	1145.40
TOTAL This Period (last page this line number only)	•	1145.40

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	E NUMBER: PAGE 14/31								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onlock 21b 27	y one) 22 28a	23 28b	Н	24 28c	П	25 29	П	26
ny Information copied from such Reports and Statem r for commercial purposes, other than using the name		y any person	for the purp	ose of so		ing co		ution	s	-30
NAME OF COMMITTEE (In Full)	and address of any political co	onimittee to so	JIICIT CONTINUE	1110115 111	JIII (Sucirio	JOI1111	IIIICC		
Massachusetts Republican State Congress	ional Committee									
Full Name (Last, First, Middle Initial) Scr & Associates, LLC			Transac Date of		_		'.E1	1050		
Mailing Address 4 Leblanc Dr			02	[/] 1	0	/ Y	Ž	οŏ	9 ^Y	
,	State Zip Code MA 01923-		Amount	of Each	Dis	burse	ment	this	Period	d
Purpose of Disbursement Fundraising Consultant fee		•					50	00.0	0	
Candidate Name		Category/ Type								
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		FUNDR	AISINO	G C	ONS	ULT	ANT	FEE	Ξ
Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts			Transac Date of I		_		'.E1	1049		
Mailing Address Landmark Center 401 Park Drive	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City	State Zip Code MA 02215-		Amount	of Each	Dis	burse	ement	this	Period	d
Purpose of Disbursement Health Insurance	•					31	63.4	4	_	
Candidate Name		Category/ Type								
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		HEALTI	H INSU	IRA	NCE				
Full Name (Last, First, Middle Initial) Css Castle Self-Storage			Transac Date of				3.E1	1023		
Mailing Address 39 Old Colony Ave.			02	[′] 0	1	/ Y	ž	o ŏ s	9 ^Y	
•	State Zip Code MA 02127-		Amount	of Each	Dis	burse	ment	this	Period	d
Purpose of Disbursement Storage	• •					3	69.0	0	_	
Candidate Name	Category/ Type									
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		STORA	GE						
SUBTOTAL of Disbursements This Page (optional) .		<u> </u>					85	32.4	4	
							-			

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 15/31
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 23 24 25 26
Any Information copied from such Reports and Staten	ents may not be sold or used	d by any person f	28a 28b 28c 29 30b or the purpose of soliciting contributions
or for commercial purposes, other than using the nam	e and address of any political	committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) Keswick Consulting			Transaction ID: 90320.E11078 Date of Disbursement
Mailing Address 231 Victory Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
City Quincy	State Zip Code MA 02171-		Amount of Each Disbursement this Period
Purpose of Disbursement Political Consulting Fee		· · ·	3000.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		POLITICAL CONSULTING FEE
State: District: Full Name (Last, First, Middle Initial)			
Copy Cop			Transaction ID: 90317.E11060 Date of Disbursement
Mailing Address 12 Channel St.			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Boston	State Zip Code MA 02210-		Amount of Each Disbursement this Period
Purpose of Disbursement Letterhead			912.40
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		LETTERHEAD
State: District:			
Full Name (Last, First, Middle Initial) Dell Dell Computer			Transaction ID: 90320.E11068 Date of Disbursement
Mailing Address PO Box 9020			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Des Moines	State Zip Code IA 50368-9020		Amount of Each Disbursement this Period
Purpose of Disbursement Computer Equipment			1045.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		COMPUTER EQUIPMENT
State: District:			
SURTOTAL of Dishursements This Page (ontional)			4957.40

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)				E NUMBER: PAGE 16						16 / 3	31	
ITEMIZED DISBURSEMENTS		category of the Summary Page	Ò	21b 27		22 28a		23 28b		24 28c		25 29	\square	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Com	nmittee												
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)								sburse	_			1039 0 ŏ 9	Y	
Mailing Address PO Box 371461						-	_							
•	State PA	Zip Code 15250-				Amou	nt o	f Each	Dis	burse	men			d T
Purpose of Disbursement Express Mail Candidate Name				egory/					•		•	35.7	2	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼	 1)	/pe		EXPR	ES	S MA	ΙL					
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)						M		sburse	_			1077 0 ŏ 9	Y	
Mailing Address PO Box 371461						0 2	_	2	2 /		. 2	009	1	
•	State PA	Zip Code 15250-				Amou	nt o	f Each	Dis	burse	men			t
Purpose of Disbursement Express Mail							0					41.7	3	
Candidate Name				egory/ /pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼				EXPR	ES	S MA	ΙL					
Full Name (Last, First, Middle Initial)					+	Trans	acti	on ID:	: 9	0317	.E1	1038		
Guardian Guardian						Date o		sburse	eme				Υ	
Mailing Address Boston Group Office 1 Liberty Square						0 2		0	1		2	0 0 9	9	
	State MA	Zip Code 02109-				Amou	nt o	f Each	Dis	burse	-			d l
Purpose of Disbursement Dental Insurance				,			-					199.7	5	
Candidate Name				egory/ /pe										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General				DENT	AL	INSU	JRA	NCE				
State: District:	, i	-/ *												
SUBTOTAL of Disbursements This Page (optional) .			 	. •							5	77.20)	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		y any person fo	r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) Bruce Harrison			Transaction ID: 90317.E11043 Date of Disbursement
Mailing Address 101 Elm St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Wakefield	State Zip Code MA 01880-		Amount of Each Disbursement this Period
Purpose of Disbursement Administrative Assistance	Г	•	1000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ADMINISTRATIVE ASSISTANCE
Full Name (Last, First, Middle Initial) Boxborough Holiday Inn			Transaction ID: 90213.E11001 Date of Disbursement
Mailing Address 242 Adams Place			$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\13\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
City Boxborough	State Zip Code MA 01719-		Amount of Each Disbursement this Period
Purpose of Disbursement Room Rental Fee for State Committee Meeting Pa	rty Related		1263.15
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ROOM RENTAL FEE FOR STATE COMMITTEE MEETING PARTY RELATED
Full Name (Last, First, Middle Initial)			Transaction ID: 90317.E11041
Lyndsay Jones			Date of Disbursement
Mailing Address 16 Oval Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} $
City Quincy	State Zip Code MA 02170-		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		59.00
Reimbursement for travel Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		REIMBURSEMENT FOR TRAVEL
<u> </u>			2322.15
SUBTOTAL of Disbursements This Page (optional)		<u></u>	2022.10

C.

SCHEDULE B (FEC Form 3X)	FOR LINE	LINE NUMBER: PAGE 18/3								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	-							
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) Lyndsay Jones			Transaction ID: 9							
Mailing Address 16 Oval Road			02 05	2009						
,	State Zip Code MA 02170-		Amount of Each Dis	bursement this Period						
Purpose of Disbursement	52.70			3998.67						
Payroll Candidate Name	l	Category/ Type								
Senate President	ment For: Primary General Other (specify)		PAYROLL							
State: District: Full Name (Last, First, Middle Initial)			- · · · · · ·	20047 544050						
Lyndsay Jones			Transaction ID: 9 Date of Disburseme							
Mailing Address 16 Oval Road			02 19	Y 2009						
,	State Zip Code MA 02170-		Amount of Each Dis	sbursement this Period						
Purpose of Disbursement Payroll				1298.70						
Candidate Name	l l	Category/ Type								
Senate President	ment For: Primary General Other (specify)		PAYROLL							
State: District: Full Name (Last, First, Middle Initial)			Turneration ID: (00000 F11004						
Lyndsay Jones			Transaction ID: 9 Date of Disburseme							
Mailing Address 16 Oval Road			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	Y 2009						
	State Zip Code MA 02170-		Amount of Each Dis	sbursement this Period						
Purpose of Disbursement Reimbursement for travel		•		59.00						
Candidate Name		Category/								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	REIMBURSEMEN	NT FOR TRAVEL						
State: District:										
SUBTOTAL of Disbursements This Page (optional)				5356.37						

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SCHEDULE B (FEC Form 3X)	arate schedule(s)		OR LIN			R:		Р	AGE	19/	31	
ITEMIZED DISBURSEMENTS		category of the Summary Page	Σ	_	É	22 28a	23		24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	ional Con	nmittee										
Full Name (Last, First, Middle Initial)						Trans	saction	ID:	9031	7.E1	1057	•
Brett Kasper							of Disb					
Mailing Address 43 Eastern Ave. Apt. 3						0 ^M 2	M /	^D 1	9 /	Y 2	ž 0 Ŏ	9 [*]
,	State MA	Zip Code 01902-				Amou	unt of Ea	ach	Disburs	eme	nt this	Period
Purpose of Disbursement			0	•							334.0	5
Payroll												
Candidate Name				egory/ /pe								
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼	')	ήρ ο		PAYF	ROLL					
Full Name (Last, First, Middle Initial)						T			0001		14045	
Barney Keller						Date	of Disb	urse				
Mailing Address 187 Lewis Rd.						0 ^M 2	M /	្ត0	D /	1	žoŏ	9 ້
•	State MA	Zip Code 02478-				Amou	unt of Ea	ach	Disburs	-		-
Purpose of Disbursement Reimbursement for travel and parking			•			L.	• •				150.0	0
Candidate Name				egory/ vpe								
Senate President	ment For: Primary Other (spe	General ▼				REIM AND	IBURS PARK	EM INC	ENT F	OR	TRA\	/EL
State: District:												
Full Name (Last, First, Middle Initial) Barney Keller						Date	of Disb	urse				
Mailing Address 187 Lewis Rd.						0 ^M 2	M /	0	1 /	Y 2	žoŏ	9 [*]
•	State MA	Zip Code 02478-				Amou	unt of Ea	ach	Disburs	eme	nt this	Period
Purpose of Disbursement				-							123.4	-8
Reimbursement for travel Candidate Name				egory/								
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ecify) ▼	')	/pe		REIM	IBURS	EM	IENT F	OR	TRA\	/EL
State: District:												
SUBTOTAL of Disbursements This Page (optional) .			 	. •						(607.5	3

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C.

SCHEDULE B (FEC Form 3X)	Han annount out 11.70	FOR LINF	NE NUMBER: PAGE 20 / 31								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)								
	Detailed Summary Page	X 21b	22 23	24 25 26 28c 29 30b							
Any Information copied from such Reports and State	 ments may not be sold or used by	27 any person fo	28a 28b or the purpose of solic								
or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
Massachusetts Republican State Congres	sional Committee										
Full Name (Last, First, Middle Initial) Barney Keller			Transaction ID: Date of Disbursem								
Mailing Address 187 Lewis Rd.			02 05	['] 2009 [']							
City Belmont	State Zip Code MA 02478-		Amount of Each Di	sbursement this Period							
Purpose of Disbursement Payroll		0 0		1288.42							
Candidate Name		Category/ Type									
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼		PAYROLL								
Full Name (Last, First, Middle Initial)			T	00017 511050							
Barney Keller			Transaction ID: Date of Disbursem								
Mailing Address 187 Lewis Rd.			02 19	2009							
City Belmont	State Zip Code MA 02478-		Amount of Each Di	sbursement this Period							
Purpose of Disbursement Payroll				1288.42							
Candidate Name		Category/ Type									
Senate President	ement For: Primary General Other (specify)		PAYROLL								
State: District: Full Name (Last, First, Middle Initial)											
Barney Keller			Transaction ID: Date of Disbursem	ent							
Mailing Address 187 Lewis Rd.			$\begin{bmatrix} 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \end{bmatrix}$	2009							
City Belmont	State Zip Code MA 02478-		Amount of Each Di	sbursement this Period							
Purpose of Disbursement	Г			124.60							
Reimbursement for phone Candidate Name		Category/ Type									
Senate President	ement For: Primary General Other (specify) ▼		REIMBURSEME	NT FOR PHONE							
State: District:											
SUBTOTAL of Disbursements This Page (optional)		······ <u></u>		2701.44							

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21/31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
:=== = : := 3:::2	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten	nents may not be sold or used b	by any person fo	or the purpose of soliciting contributions
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political c	ommittee to soli	icit contributions from such committee
Massachusetts Republican State Congress	sional Committee		
/ Full Name (Last, First, Middle Initial)			Transaction ID: 90320.E11074
Barney Keller			Date of Disbursement
Mailing Address 187 Lewis Rd.			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
City Belmont	State Zip Code MA 02478-		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement travel food and parking			87.44
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	1,100	REIMBURSEMENT TRAVEL FOOD AND PARKING
Full Name (Last, First, Middle Initial)			Transaction ID: 90317.C172950IK
Amy Kelly			Date of Disbursement
Mailing Address 157 Rice Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & Q \\ Y & Z & O & O & Q \end{bmatrix} $
City Quincy	State Zip Code MA 02170-		Amount of Each Disbursement this Period
Purpose of Disbursement	02170-		550.00
In kind donation of photography services - party-re Candidate Name		Oata nam /	
		Category/ Type	
Senate President	ement For: Primary General Other (specify)		IN KIND: IN KIND DONATION OF PHOTOGRAPHY SERVICES - PARTY-RELATED
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 90317.E11066
Communication, Inc. Majority			Date of Disbursement
Mailing Address 274 Marconi Blvd. Suite	260		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43215-		Amount of Each Disbursement this Period
Purpose of Disbursement FEA Voter Contact Mailing			1000.00
Candidate Name	'	Category/	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Туре	FEA VOTER CONTACT MAILING
State: District:	- '		
SUBTOTAL of Disbursements This Page (optional)			1637.44

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE (check only one)					22 / 3	22 / 31			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I -	X	21b 27	Ä	22 28a		23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				person		the pu		e of so	oliciting c		outions	
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) Merchants Bankcard								on ID:	90317	'.E1	1064	
Mailing Address Fleet Bank					$\frac{1}{1}$		М	/ D	2 /	Ž	0 0 9) Y
100 Federal Street												
City Boston	State Zip Code MA 02110-					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement Credit Card Fee			U	-			-				157.0	9
Candidate Name			iteç Typ	gory/ oe								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				•	CRED)IT	CARE) FEE			
Full Name (Last, First, Middle Initial)						Tranc	acti	on ID:	90317	· - 1	1065	
Merchants Bankcard								sburse		.∟1	1005	
Mailing Address Fleet Bank 100 Federal Street						0 ^M 2	М	0	2 /	Ž	0 0 9) Y
City Boston	State Zip Code MA 02110-					Amou	nt of	f Each	Disburse	men	t this f	Period
Purpose of Disbursement Credit Card Fee							_				25.0)
Candidate Name			iteç Typ	gory/ pe								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					CREC)TI	CARE) FEE			
Full Name (Last, First, Middle Initial) Konica Minolta Business Systems						Date o	of Di	sburse				
Mailing Address P.O. Box 7247-0322						0 2	М	1	0 /	Ž	o ŏ s) Y
City Philadelphia	State Zip Code PA 19170-0322					Amou	nt of	f Each	Disburse	men	t this f	Period
Purpose of Disbursement Copier Equipment Lease			0							7	722.9	3
Candidate Name			iteç Typ	gory/ be								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)					COPII	ER	EQUI	IPMENT	LE.	ASE	
State: District:	- ·											
SUBTOTAL of Disbursements This Page (optional)						·				9	05.0	2

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check on	NE NUMBER: PAGE 23 / 31 only one)					31	
TEMIZED DISBURSEMENTS	Detailed Summary Page		X 21b 27	22 28a	23 28b	24 28	3c	25 29		2 3
ny Information copied from such Reports and State r for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congre	ssional Committee									
Full Name (Last, First, Middle Initial) Jennifer Nassour				Date of	action ID f Disburs	ement				
Mailing Address 49 Chelsea St., Unit C1	-307			0 ^M 2 ^M		20 /	Y	ž 0 ŏ	9 [¥]	
City Boston	State Zip Code MA 02129-			Amour	nt of Each	Disbu	rsem	ent this	Perio	od
Purpose of Disbursement Reimbursement - see below Candidate Name					0 0			378.0	00	
			ategory/ Type	_						
Office Sought: House Disburs Senate President State: District:	sement For: Primary Genera Other (specify) ▼	I		REIME	BURSEN	ИENT	- SE	E BEL	.OW	
Full Name (Last, First, Middle Initial) Constant Contact Inc					action ID f Disburs		20.E	 11075	5	
Mailing Address 1601 Trapelo Road, Su	ite 329			0 2	1 / D	20 /	Y	žoŏ	9 ^Y	
City Waltham	State Zip Code MA 02451-			Amour	nt of Each	n Disbui	rsem	ent this	Perio	od
Purpose of Disbursement J. Nassour reimbursement for email system sign								378.0	00	
Candidate Name			ategory/ Type			_				
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	l		MEMC EMEN	DITEM: D: J. NA: T FOR: P - PAR:	SSOU EMAIL	R RI SY LAT	EIMBU STEM ED	JRS- SI-	
Full Name (Last, First, Middle Initial) Jennifer Nassour					action ID f Disburs		20.E	11072	2	
Mailing Address 49 Chelsea St., Unit C1	-307			0 2	1 / D	20 /	Y	žoŏ	9 ^Y	
City Boston	State Zip Code MA 02129-			Amour	nt of Each	Disbu	rsem	ent this	Perio	od
Purpose of Disbursement Reimbursement - see below								924.0)3	
Candidate Name			ategory/ Type							
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)	-	71-	REIME	BURSEN	ИENT	- SE	E BEL	.OW	,
SUBTOTAL of Disbursements This Page (optional)		▶				1	302.0	3	_
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SCHEDULE B (FEC Form 3X)	Llan congrete ashadula/s\	FOR LINE	NUMBER:	PAGE 24/31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	-	
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Staten		any person f	or the purpose of soli	citing contributions
or for commercial purposes, other than using the name	e and address of any political co	mmittee to sol	icit contributions from	such committee
NAME OF COMMITTEE (In Full)				
/ Massachusetts Republican State Congres	sional Committee			
Full Name (Last, First, Middle Initial) Hilton Hotel			Transaction ID: Date of Disbursem	nent
Mailing Address 1001 16th Street NW			02 0	2009
City Washington	State Zip Code DC 20036-		Amount of Each D	isbursement this Period
Purpose of Disbursement J. Nassour reimbursement for lodging	Г	• • •		924.03
Candidate Name		Category/ Type	(MEMO ITEM)	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: J. NASS EMENT FOR LO	SOUR REIMBURS- DDGING
Full Name (Last, First, Middle Initial)				
Ox-Eye Properties			Transaction ID: Date of Disbursem	nent
Mailing Address c/o Massey & Co. 85 Merrimac Street			02 10	2009
City Boston	State Zip Code MA 02114-		Amount of Each D	isbursement this Period
Purpose of Disbursement Rent and Utilities				4405.94
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		RENT AND UTIL	LITIES
Full Name (Last, First, Middle Initial)				00017.511007
Paychex/InterPay			Transaction ID: Date of Disbursem	nent
Mailing Address PO Box 8295			02 05	2009
City Boston	State Zip Code MA 02266-		Amount of Each D	isbursement this Period
Purpose of Disbursement	Г	• •		4737.45
Payroll Tax Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		PAYROLL TAX	
State: District:				
SUBTOTAL of Disbursements This Page (optional))		9143.39

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SCHEDULE B (FEC Form 3X)	FOR LIN			R:		PAGE 25/31					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	2	_	23		24	, F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persoi	n for the	e pur	pose	of so	oliciting	contri	ibution	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee										
Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295				Da	ate of	ction Disb	urse	9031 ement 5		11036 Ž o ŏ s	
•	State Zip Code MA 02266-			Aı	moun	t of E	ach	Disburs	emei	nt this	Period
Purpose of Disbursement Payroll 401k Candidate Name		Cat	tegory/						1	978.0	2
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ype	PA	YRO	OLL 4	401	K			
Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295				Da		Disb	urse	9031 ement		11046 2 0 0 9	
,	State Zip Code MA 02266-			Aı	moun	t of E	ach	Disburs	emei	nt this	Period
Purpose of Disbursement Payroll Fee Candidate Name	INIX OLLOG		tegory/		•					230.2	1
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			PA	YRO	OLL I	FEE	<u> </u>			
Full Name (Last, First, Middle Initial) Paychex/InterPay						ction Disb	urse		7.E1	1047	
Mailing Address PO Box 8295) 2 ^M	/	^D 1	^D /	Y	ž 0 ŏ s	e ^Y
Boston	State Zip Code MA 02266-			Aı	moun	t of E	ach	Disburs	-	nt this	
Purpose of Disbursement 401k Fee										155.0	U .
Senate President	ement For: Primary General Other (specify)		tegory/ Type	40	1K F	EE					
State: District:											
SUBTOTAL of Disbursements This Page (optional)			▶	L					23	363.2	3

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 26/31	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political c	John Miller to 30	incit contributions from such committee	
Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) Paychex/InterPay			Transaction ID: 90317.E11059 Date of Disbursement	
Mailing Address PO Box 8295			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & I \end{bmatrix} $	
City Boston	State Zip Code MA 02266-		Amount of Each Disbursement this Period	d
Purpose of Disbursement Payroll Tax			1454.93	_
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PAYROLL TAX	
Full Name (Last, First, Middle Initial) Jodys Quik Print			Transaction ID: 90317.E11040 Date of Disbursement	
Mailing Address P.O. Box 1068			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$	
City Middleton	State Zip Code MA 01949-		Amount of Each Disbursement this Period	d
Purpose of Disbursement Cards and Envelopes			391.75	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		CARDS AND ENVELOPES	
Full Name (Last, First, Middle Initial) Jodys Quik Print			Transaction ID: 90317.E11053 Date of Disbursement	
Mailing Address P.O. Box 1068			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$	
City Middleton	State Zip Code MA 01949-		Amount of Each Disbursement this Period	d
Purpose of Disbursement Letterhead			122.75	
Candidate Name		Category/ Type		
Office Sought: Senate President State: Disburse Senate President	ment For: Primary General Other (specify) ▼		LETTERHEAD	
SUBTOTAL of Disbursements This Page (optional)			1969.43	
TOTAL This Period (last page this line number only)				

SC	HEDULE B (FEC Form 3	BX)	Use sepa	arate schedule(s)				NUMBE	R:	PAGE 27/31				31
ITE	EMIZED DISBURSEMENT	rs	for each o	category of the Summary Page		$\dot{\mathbf{X}}$	eck only 21b 27	22 28a	_	23 28b	24 28c	Н	25 29	26 30b
	Information copied from such Reports a r commercial purposes, other than usin													
	NAME OF COMMITTEE (In Full) Massachusetts Republican State	<u>-</u>					70 10 00	1011 001111			,			
	Full Name (Last, First, Middle Initial) SCM Associates							Trans Date o			90317 ement	7.E1	1054	
1	Mailing Address Steve Meyers 1283 Main Stree	t						0 ^M 2	M /	^D 1	0 /	ž	0 ŏ 9	Y
]	City Dublin	;	State NH	Zip Code 03444-				Amou	nt of	Each	Disburse			-
[Purpose of Disbursement Direct Mail - party related non FEA									-		. 8	080.00	,
(Candidate Name				С	atego Type	-							
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General cify) ▼				DIREC ED NO			- PART	Y RI	ELAT-	-
F	State: District: Full Name (Last, First, Middle Initial)							Trans	actic	n ID:	90317	7 F1	1055	
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1	Mailing Address Steve Meyers 1283 Main Stree	t						0 2		1	Ŏ	2	0 Ď 9	
	City Dublin		State NH	Zip Code 03444-				Amou	nt of	Each	Disburse	emen	t this F	Period
	Purpose of Disbursement Direct Mail - party related non FEA				Г	0			_			54	62.78	3
_	Candidate Name				С	atego Type	•							
	Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spe	General cify) ▼				DIRECTED N			- PAR	ΓY R	ELA-	
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	City Dublin		State NH	Zip Code 03444-				Amou	nt of	Each	Disburse	emen	t this F	Period
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	Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spe	General cify) ▼				DIRECTED N	OT NON	/AIL FEA	- PAR ⁻	ΓY R	ELA-	
	BTOTAL of Disbursements This Page	(optional)					•					74	42.78	3
	TAL This Period (last page this line nu	<u>, , , , , , , , , , , , , , , , , , , </u>					<u> </u>					-		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 28 (check only one)								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 2	1b	22 23 28a 28b			2 3				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam							s				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee										
Full Name (Last, First, Middle Initial) Boston Event Solutions				Transaction ID: 90320.E11076 Date of Disbursement							
Mailing Address 250 Faneuil Hall Marketp Quincy Market Building				02 /	27 /	Ý 2009	9 ^Y				
City Boston	City State Zip Code Boston MA 02109-				Amount of Each Disbursement this Period						
Purpose of Disbursement Event Catering- non-FEA event no federal candidate Candidate Name	ite	Category				250.0	0				
		Type									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			EVENT CAT EVENT NO	ERING- I FEDERAI	NON-FEA _ CANDID	ATE				
Full Name (Last, First, Middle Initial) Staples, Inc.				Transaction I		0.E11081					
Mailing Address Staples Credit Plan Dept. 80 - 0088936796				02 /	27	žoŏ	9 ^Y				
City Des Moines	State Zip Code IA 50368-9020			Amount of Ea	ch Disburs	ement this	Period				
Purpose of Disbursement Office Supplies	00000 0020		7			189.0	2				
Candidate Name		Category Type	′/								
Office Sought: House Senate President State: Disburse	ement For: Primary General Other (specify)	71		OFFICE SUI	PPLIES						
Full Name (Last, First, Middle Initial) Omni Security Systems, Inc				Transaction I Date of Disbu		7.E11062					
Mailing Address Pearson Plaza, PO Box	879			02 /	17 /	Ý ŽOŠ	9 ^Y				
City Byfield	State Zip Code MA 01922-			Amount of Ea	ch Disburs	ement this	Period				
Purpose of Disbursement Service on Security System	WA 01922-		7			1195.0	0				
Candidate Name		Category Type	′/								
Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)			SERVICE O	N SECUF	RITY SYS	TEM				
SUBTOTAL of Disbursements This Page (optional)			•			1634.0	2				
TOTAL This Period (last page this line number only)			<u> </u>								
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN						AGE	GE 29/31	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	2		23 28	L	24 28c	Е	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persor	for the	e pu	rpose c	of so	liciting c		outions	
NAME OF COMMITTEE (In Full)											
Massachusetts Republican State Congress	sional Committee										
Full Name (Last, First, Middle Initial) Omni Security Systems, Inc					Transaction ID: 90320.E11080 Date of Disbursement						
Mailing Address Pearson Plaza, PO Box 879					$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$						
,	State Zip Code MA 01922-			A	mou	nt of Ea	ach	Disburse	-		
Purpose of Disbursement									10	0.00	0
Service on Security System Candidate Name			tegory/ Type								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			SERVICE ON SECURITY SYSTEM					ГЕМ		
Full Name (Last, First, Middle Initial)				Т	rane	action	ın.	90317		1051	
T-Mobile T-Mobile						of Disbu			.ட1	1031	
Mailing Address PO Box 790047					^м 2	M /	^D 1	0 /	Ž	o ŏ s) Y
,	State Zip Code MO 63179-			A	mou	nt of Ea	ach	Disburse			-
Purpose of Disbursement Phone Service				L	•				1	59.0	/
Candidate Name			tegory/ ype								
Senate President	ment For: Primary General Other (specify)			Ph	1OH	NE SE	RVI	CE			
State: District:											
Full Name (Last, First, Middle Initial) Peter Torkildsen				D	ate o	action of Disbu		90317 ment			V
Mailing Address 1 Stony Brook Road					0 2		0	5	2	0 ŏ s)
	State Zip Code MA 01863-			A	mou	nt of Ea	ach	Disburse	men	t this f	Period
Purpose of Disbursement Payroll				1 L					12	290.5	4
Candidate Name			tegory/ ype								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			PA	AYR	OLL					
State: District:											
SUBTOTAL of Disbursements This Page (optional) .			•						24	49.6	1

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 30/31 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: 90317.E11052 Verizon Date of Disbursement 10 0 2 2009 Mailing Address P.O. Box 1 City State Zip Code Amount of Each Disbursement this Period MA 01654-Worcester 500.40 Purpose of Disbursement Phone Service Candidate Name Category/ Type Office Sought: Disbursement For: House PHONE SERVICE General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 90320.E11082 Verizon Date of Disbursement 0 2 2009 Mailing Address P.O. Box 1 City State Zip Code Amount of Each Disbursement this Period 01654-Worcester MA 100.50 Purpose of Disbursement Phone Service Candidate Name Category/ Type Office Sought: House Disbursement For: PHONE SERVICE Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	600.90
TOTAL This Period (last page this line number only)	•	54502.38

Other (specify)

State:

Image# 29933378305

Form/Schedule: **F3XN**Transaction ID:

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